



## LEA User

### Utah State Office of Education Secure FTP Web Site Report Access Request Form

Please provide the following information: *(All applicable fields are required – please print clearly)*

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Title \_\_\_\_\_  
Primary Email \_\_\_\_\_@\_\_\_\_\_  
Secondary (Opt.) \_\_\_\_\_@\_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_  
LEA Number \_\_\_\_\_ Local Education Agency Number (District#/Charter#)  
LEA School Nbr. \_\_\_\_\_ LEA School Name \_\_\_\_\_

I request access to the following information:

- ☐ Clearinghouse ☐ Testing ☐ SIS 2000+ ☐ SSID ☐ USOE Fiscal Application  
☐ Child Nutrition – Direct Certification ☐ Warehouse

I am: ☐ employed by the LEA  
☐ contracted by the LEA

I understand and agree to the following:

- The password that I am issued will not be shared with anyone.
- I agree to use the USOE Secure FTP website access only for its intended purposes.
- I will, at all times, ensure the security of data found on USOE's Secure FTP website – <https://secure.schools.utah.gov>
- Upon my resignation, termination, or reassignment, whereas secure FTP access is no longer needed, I will notify USOE immediately
- I will notify the specialists at the Utah State Office of Education when I have received the most recent file, so USOE can remove it from the site.
- I will, at all times, comply with and abide by the Family Educational Rights and Privacy Act (FERPA), (20 U.S.C., section 1232g), to ensure the security of the data, and properly destroy all of the data and original media when I am finished
- I understand that any violation of the above provisions may result in disciplinary actions.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(MM/DD/YYYY)

LEA Admin Name \_\_\_\_\_ (print clearly)

LEA Administrator \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(signature) (MM/DD/YYYY)

LEA Admin Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_



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**USOE Specialist's Approval**

- |   |                     |
|---|---------------------|
| <input type="checkbox"/> Clearinghouse _____        | Date ____/____/____ |
| <input type="checkbox"/> Testing _____              | Date ____/____/____ |
| <input type="checkbox"/> SIS _____                  | Date ____/____/____ |
| <input type="checkbox"/> SSID _____                 | Date ____/____/____ |
| <input type="checkbox"/> CTE _____                  | Date ____/____/____ |
| <input type="checkbox"/> Fiscal _____               | Date ____/____/____ |
| <input type="checkbox"/> Direct Certification _____ | Date ____/____/____ |
| <input type="checkbox"/> Warehouse _____            | Date ____/____/____ |

( Specialist's Signature)

Please fax this completed form with a cover sheet stating who the form is from to (801) 538-7938 attention Deana White. You will be receiving calls from the USOE specialists to verify your eligibility to access the information you have requested.